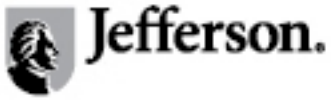



1-2020

# Evaluation of Rotator Cuff Repair with Concomitant Biceps Tenodesis

Matthew Beucherie
*Thomas Jefferson University*, matthew.beucherie@jefferson.edu

Daniel Nemirov
*Thomas Jefferson University*, daniel.nemirov@jefferson.edu

Sommer Hammoud, MD
*Thomas Jefferson University*, sommer.hammoud@rothmaninstitute.com

Meghan Bishop, MD
*Thomas Jefferson University*, meghan.bishop@jefferson.edu

Brandon Erickson, MD
*Thomas Jefferson University*

# Evaluation of Rotator Cuff Repair with Concomitant Biceps Tenodesis

**Matthew Beucherie; Daniel Nemirov; Sommer Hammoud, MD*; Meghan Bishop, MD; Brandon Erickson, MD**

**Introduction**: Surgical rotator cuff repair (RCR) has proven to be an effective treatment for rotator cuff tears. Commonly, rotator cuff tears are associated with concomitant biceps pathology, which are often treated by biceps tenodesis (BT). We hypothesize that patient outcomes will be similar in those that have undergone RCR with concomitant BT and isolated RCR.

**Methods:** This is a retrospective cohort study comparing patients who underwent arthroscopic RCR with arthroscopic or open BT to patients who underwent isolated RCR at a multisurgeon orthopaedic practice during the time period of November 2016 to December 2016. The outcome for comparison is the American Shoulder and Elbow Surgeons score (ASES). Patients with postoperative scores of at least 6 months after surgery were included. The data was collected from the Rothman Institute registry and OBERD. It was analyzed via independent t-test.

**Results:** A total of 53 patients (37 = M; 16 = F) were in the isolated RCR group and 34 patients (27 = M; 7 = F) were in the RCR with BT group. The average age in the isolated RCR group was 58.6 years vs. 58.9 years in the RCR with BT group. There was no statistical difference between postoperative ASES scores (83.69 and 79.43, P = .40) and difference in preoperative and postoperative ASES scores (34.26 and 35.30, P = .85) in the isolated RCR and RCR with BT groups, respectively.

**Conclusion:** There was no significant difference in postoperative ASES scores as well as difference in preoperative and postoperative ASES scores in patients undergoing

isolated RCR and RCR with BT. This supports the hypothesis that patients undergoing RCR with BT will have similar outcomes to those undergoing isolated RCR.